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Approved for use through 09/30/2000. OMB 0651-0002
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 12,103

First Inventor or Application Identifier John M. Savage Jr.

Title LENS UNIT AND FIBER OPTIC CABLE ASSEMBLY

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 800 concerning utility patent application contents.

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification (Total Pages 22)
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) (Total Sheets 3)
4. Oath or Declaration (Total Pages 2)
a. ☒ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 8 below)
c. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

Prior application Information: Examiner


of prior application No. _____

18. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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Name (Print/Type)	William W. Haefliger	Registration No. (Attorney/Agent)	17,120
Signature		Date	May 17, 2000

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2000</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <i>must</i> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p>C mplete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>John M. Savage, Jr.</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>12,103</td></tr> </table>		Application Number		Filing Date		First Named Inventor	John M. Savage, Jr.	Examiner Name		Group / Art Unit		Attorney Docket No.	12,103
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TOTAL AMOUNT OF PAYMENT	(\$)	516.													

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 08-0118</p> <p>Deposit Account Name: William W. Haeffliger</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<h3>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Haeffliger	Registration No. (Attorney/Agent)	17,120
Signature		Telephone	323. 684-2707
		Date	May 17, 2000

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